



Please provide an email address for any updates, newsletters, billing, and confidential communications

EMAIL: _____

Please circle your preferred type of communication:

Home Phone

Cell Phone

Text Message

Email

HIPAA (Privacy Policy) Acknowledgment

I have received a copy of the HIPAA Privacy Policy of this office and have read, understood, and agreed to all the information.

Print Patient/Responsible Party: _____

Sign Patient/Responsible Party: _____

Date: _____

Electronic Health Records

The government now requires every medical office to ask the following questions, it is *optional* to answer.

RACE:

American Indian

Black

Native Hawaiian

Asian

Caucasian

Other

ETHNICITY:

Hispanic or Latino

Not Hispanic or Latino

No Answer

PREFERRED LANGUAGE:

American Sign Language

Arabic

English

French

German

Italian

Korean

Polish

Spanish

HEIGHT: ____ft____in

WEIGHT: _____lbs



Holt Eye Care
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Confidential Communications

I authorize the practice of leaving a message on my answering machine/voicemail: YES NO

FOR APPOINTMENT REMINDERS ONLY:

- 1) Use Cell Phone: YES _____ NO
2) Use Email: YES _____ NO

I authorize the release of my protected health information over the telephone or in person to the following individuals (Please put N/A over this section if not applicable):

1. Name of person: _____
Relationship: _____

Primary contact number: _____
2. Name of person: _____
Relationship: _____

Primary contact number: _____
3. Name of person: _____
Relationship: _____

Primary contact number: _____

(If communication with primary doctor or referring doctor is needed, no additional authorization is required)

By signing

- You agree for us to bill your insurance and understand that you are responsible for any charges your insurance doesn't cover.
- You have read and understand that contact lens service agreement if applicable
- You understand a restocking fee may apply to any returned glasses and/or contacts due to the item(s) being a customized product

Patient/Responsible Party Signature: _____

Date: ____/____/____